

PLEASE READ CAREFULLY BEFORE SIGNING

CERTIFICATION AND WAIVER OF LIABILITY FOR TRAINING

I, THE UNDERSIGNED HEREBY STATE THAT THE SKILLS ASSESSMENT TRAINING BEING CONDUCTED BY THE CIVIL SERVICE COMMISSION OF THE CITY OF CANTON IS BEING TAKEN VOLUNTARILY AT MY OWN RISK. FURTHER, I HEREBY WAIVE ANY LIABILITY ON THE PART OF THE CITY OF CANTON, THE CANTON FIRE DEPARTMENT AND THE CANTON CIVIL SERVICE COMMISSION FOR ANY ACCIDENT, INJURY OR HOSPITALIZATION RESULTING FROM MY PARTICIPATION IN SAID TRAINING.

I STATE THAT I AM IN GOOD PHYSICAL CONDITION TO THE BEST OF MY KNOWLEDGE AND BELIEF. ONLY ONE (1) DOCTORS PERMISSION SLIP IS NECESSARY FOR BOTH TRAINING AND TESTING. I HAVE READ A DESCRIPTION OF THE EVENTS I AM TO PARTICIPATE IN AND UNDERSTAND THE LEVEL OF PHYSICAL AND MENTAL STAMINA NECESSARY FOR COMPLETION.

SIGNATURE

DATE